

Application Data Sheet

Application Information

Application number::
Filing Date:: 03/22/04
Application Type:: Regular
Subject Matter:: Utility
Suggested classification::
Suggested Group Art Unit::
CD-ROM or CD-R?: None
Number of CD disks::
Number of copies of CDs::
Sequence submission?:
Computer Readable Form (CRF)?:
Number of copies of CRF::
Title :: Compositions and
Methods of Treatment of
Premature Ejaculation
Attorney Docket Number:: 301888.3008-101
Request for Early Publication?: No
Request for Non-Publication?: No
Suggested Drawing Figure::
Total Drawing Sheets:: 0
Latin name::
Variety denomination name::
Small Entity?: No
Petition included?: No
Petition Type::
Licensed US Govt. Agency::
Contract or Grant Numbers::
Secrecy Order in Parent Appl.?: No

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Mingqi
Middle Name::	
Family Name::	Lu
Name Suffix::	
City of Residence::	Lawrenceville
State or Province of Residence::	NJ
Country of Residence::	US
Street of mailing address::	12 Fountayne Ln.
City of mailing address::	Lawrenceville
State or Province of mailing address::	NJ
Country of mailing address::	US
Postal or Zip Code of mailing address::	08648

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	People's Republic of China
Status::	Full Capacity
Given Name::	Qin
Middle Name::	
Family Name::	Wang
Name Suffix::	
City of Residence::	Plainsboro
State or Province of Residence::	NJ
Country of Residence::	US
Street of mailing address::	5017 Quail Ridge Dr.
City of mailing address::	Plainsboro
State or Province of mailing address::	NJ

Country of mailing address:: US
Postal or Zip Code of mailing address:: 08536

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: James
Middle Name:: L.
Family Name:: Yeager
Name Suffix::
City of Residence:: Lake Forest
State or Province of Residence:: IL
Country of Residence:: US
Street of mailing address:: 476 Oakwood Ave.
City of mailing address:: Lake Forest
State or Province of mailing address:: IL
Country of mailing address:: US
Postal or Zip Code of mailing address:: 60045

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Y.
Middle Name:: Joseph
Family Name:: Mo
Name Suffix::
City of Residence:: Princeton
State or Province of Residence:: NJ
Country of Residence:: US
Street of mailing address:: One Bellevue Terr.

City of mailing address:: Princeton
State or Province of mailing address:: NJ
Country of mailing address:: US
Postal or Zip Code of mailing address:: 08540

Correspondence Information

Correspondence Customer Number :: 30407

Phone number:: 508-879-5700
Fax Number: 508-929-3073
E-Mail address:: rpzimmerman@bowditch.com

Representative Information

Representative Customer Number:: 30407

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	An application claiming the benefit under 35 USC 119(e)	60/456,604	03/21/03
This application	An application claiming the benefit under 35 USC 119(e)	60/456,813	03/21/03

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

Assignee Information

Assignee name:: NexMed (Holdings) Inc.
Street of mailing address:: 350 Corporate Drive
City of mailing address:: Robbinsville
State or Province of mailing address:: NJ
Country of mailing address:: US
Postal or Zip Code of mailing address:: 08691